

## **Mental Health Redesign and Implementation Task Force**

Milwaukee County Mental Health Complex – Day Hospital Cafeteria

Wednesday, May 8, 2013

**Representatives:** Barbara Beckert (Disability Rights Wisconsin); Serge Blasberg (Quality AT); Beth Burazin (Person-Centered Care AT); Pete Carlson\* (Aurora Behavioral Health); Héctor Colón (DHHS); Peg DuBord (Continuum of Care AT & TLS Behavioral Health); Kathie Eilers (BHD); Pam Fleider (MC3); Rachel Forman (Grand Avenue Club); Mark Fossie (Families Moving Forward); Susan Gadacz\* (BHD); Scott Gelzer (Workforce AT & Faye McBeath Foundation); Peter Hoeffel (Person-Centered Care AT); Raisa Koltun (Milw. Co. Executive); Henry Kunath (Quality AT); Cheryl Lofton (Wisconsin DHS); Jim Mathy (Housing Division); Mary Neubauer (Continuum of Care AT); Tom Nowak (Midwest Community Services); Peggy Romo West (Milw. Co. Board of Supervisors); Nathan Zeiger (MC3)

**Staff/Guests:** Shawn Green; Bernestine Jeffers; David Johnson; Jim Kubicek; Rochelle Landingham; Angie Moran; Supervisor Russell Stamper; Chyra Trost; Jennifer Wittwer

**Consultants:** Chris Cline, MD; Ken Minkoff, MD; Jan Wilberg, Ph.D.

### **Introductions / Approval of April 3 meeting minutes**

The meeting was called to order, and the minutes of the April 3 meeting were approved.

### **BHD updates & initiatives**

Ms. Eilers discussed her earlier experience at the Behavioral Health Division and her desire to complete the unfinished work of achieving the vision for a community-based system, asserting that that vision should direct every decision. Ms. Eilers thanked Redesign Task Force representatives for their partnership and encouraged everyone to read the op-ed piece she had authored for the following day's edition of the Milwaukee Journal Sentinel ("County must improve mental illness services," <http://www.jsonline.com/news/opinion/eilers09-m19nnkb-206667441.html>).

### **Structured approach to Task Force meetings and SMART Goals implementation**

Ms. Gadacz and Mr. Carlson presented a formal process for preparation and follow-up for the monthly meeting of the Redesign Task Force, as follows:

- Agenda Setting — 2 weeks prior to Task Force meeting
  - Task Force Co-Chairs will meet to set the agenda for the Task Force meeting, including referrals gathered by BHD staff. Consultants will be involved as needed. Action Team Co-Chairs will be invited to submit agenda items at least two business days in advance of the Agenda Setting meeting. Time may be set aside at Agenda Setting if an Action Team Co-Chair wishes to bring any issues directly to the Task Force Co-Chairs.
- Materials submitted — 1 week prior to Task Force meeting
  - Actions Teams and BHD Staff Partners submit progress reports on SMART Goals implementation. Key points from progress reports will be included in the materials for Task Force members to review prior to the meeting.

\* Redesign Task Force Co-Chair

- Agenda and materials distributed — 3 days prior to Task Force meeting
- Task Force meeting — First Wednesday of each month
  - All Task Force members are expected to participate fully and to respect the agenda and time allotted for each item.
- Draft minutes posted to website for review – 1 week after the Task Force meeting

### **SMART Goals Progress Updates**

The Quality AT meets on the last Friday of each month from 9:00 to 11:00 at BHD. Co-Chairs have been designated for each of the three workgroups: System Map – Matt Drymalski (BHD) and John Hyatt (IMPACT, Inc.); Dashboard – Chuck Sigurdson (BHD) and Jamie Lewiston (Aurora); and Personal and Family Stories – Michael Nunley (BHD) and Sue Clark (Vital Voices). The System Map workgroup has collaborated recently with IMPACT 2-1-1 toward building a comprehensive list of providers and assessing how service users move between providers. The Dashboard workgroup aims to define a detailed list of performance targets and monitors, gather historical data around the monitors, and tie the data into the system map to give the data context and to identify gaps in service. The Personal and Family Stories workgroup will collect stories from the community and consider how those stories may be useful or instructive to decision makers.

The Person-Centered Care AT, addressing Goal 1, convened a second meeting of a workgroup to review the tools used to gauge the satisfaction of individuals participating in services at BHD, including MHSIP surveys and interviews by Vital Voices. Task Force members advised that the focus should not be on system-wide uniformity of satisfaction surveys but rather that surveys be conducted effectively and that changes be made in response to substantive feedback. Mr. Hoeffel and Ms. Burazin expressed that a system must be mature enough to hear its own negative stories and grow from them. The workgroup will meet again May 15 to consider common elements or enhancements that may apply to multiple satisfaction measurement tools to ensure congruence with the principles of trauma-informed care and person-centered recovery. On Goal 2, a workgroup of the Person-Centered Care AT will meet on May 28 to develop the curriculum for public education and stigma reduction events in each Supervisory District. The curriculum and duration of the events may evolve after the initial events, but presentations will likely include personal stories, facts about mental illness, available resources in the community, and information on the redesign initiatives.

The Community Linkages AT, addressing Goal 12, reported on the two training events that have occurred this year on the IPS Supported Employment model, which four agencies are implementing. Long-term funding for IPS may depend largely on the implementation of CCS and CRS in Milwaukee County. The ultimate goal is to embed an employment specialist on all treatment teams. Mr. Mathy also reports that the Housing Division continues to put in place policies and procedures in the Community Development Block Grant program to use economic development funds for small business to expand and in turn create new jobs for consumers (Tactical Objective 12.9). On Goal 13, Pathways To Permanent Housing has received a five-year occupancy permit from the Milwaukee Board of Zoning Appeals with no opposition from the neighborhood or Alderman. Construction is almost complete. The rooms have been completely remodeled, and all new furniture has been delivered. The only remaining rehab to be completed is the kitchen area. Once that is complete, individuals may move in in May. The Housing Division is currently interviewing for the Community Intervention Specialist position (Tactical Objective 13.2).

The Workforce AT will reconvene in June in conjunction with a briefing from the Nursing's Voice project on survey results related to mental health nursing and the attitudes and interests of nursing students.

The Continuum of Care AT, addressing Goal 8, reports that the BHD Access Clinic is on pace through 1Q to achieve the Performance Target of maintaining a high volume service. The Clinic had 6,536 client encounters in 2012 and is on pace for 6,576 in 2013. Performance Targets 1 and 2 for Goal 9 have been achieved through contracts awarded in April to Bell Therapy for Level I Targeted Case Management (TCM) and to Milwaukee Mental Health Associates (MMHA) to pilot Recovery Case Management. Two Level I TCM caseloads were added for Bell Therapy for a total capacity of serving 50 additional individuals. MMHA will pilot Recovery Case Management – less intensive services than Level I TCM – for individuals who require case management services as a condition of their residential living arrangement such as Shelter Plus Care, Permanent Supportive Housing, or a supported apartment.

On Goal 5, the Resource Strategy Team will meet again in late May to focus on the resources, staff time, and technical assistance needed to map the existing funding model used for all mental health services provided by BHD.

### **Proposal for Cultural Intelligence SMART Goal and Action Team**

The Person-Centered Care Action Team welcomed representatives of the Families Moving Forward (FMF) coalition, who presented a proposal for a new SMART Goal and associated Action Team to focus specifically on cultural intelligence, also known as CQ (for cultural quotient). Ms. Landingham reported on FMF's efforts in developing the goal and their pursuit of technical assistance from SAMHSA to achieve it.

Ms. Beckert urged consideration of the expenses associated with translation and interpretation services, and Ms. Eilers likewise noted the significant expense of training. Mr. Gelzer pointed out that some revision may be needed to sort out overlapping or repetitive objectives and activities between the proposed goal and the existing goals. There was some discussion of numbering because the goal was proposed as SMART Goal #2, but it was agreed that the proposal would instead create SMART Goal #16 (leaving the existing #2 in place) for the sake of simplicity and because the numbering is not reflective of priority or chronology. Ms. Gadacz observed that all of the proposal is achievable but that it might not be complete by July 2014, as was proposed for consistency with the other goals.

Mr. Blasberg moved approval, Ms. Beckert seconded, and Mr. Carlson called the vote. The Task Force unanimously approve the motion to add SMART Goal #16 to the existing list – pending some clarifying modifications to be made with the assistance of the contracted consultants – and to create the Cultural Intelligence Action Team as the responsible party for its completion.

### **Proposal for One-Day Working Forum**

Ms. Burazin and Mr. Hoeffel presented a proposal for a one-day working forum with the purpose of providing “an opportunity for representatives of all of these groups to come together in the same place at the same time, in order to coordinate, cross-pollinate, and synthesize efforts, and to support the MH Redesign Task Force in overseeing a coherent, organized process toward a common vision of a transformed, community based system of care.” The forum could supersede a regularly scheduled Task Force meeting and involve a much larger group of stakeholders, including Action Team participants, MC3 Change Agents, and leaders from organizations providing services.

There were concerns expressed about the cost of the proposal, including facilitation, venue, food, and staff time. Ms. Romo West suggested that such a forum could potentially be linked to a “symposium” called for by a County Board resolution passed in March. Mr. Colón stated that no

further redesign funds were available, though some of the technical assistance contract funds could potentially be directed for this purpose if deemed the best use of that money.

Mr. Carlson suggested that the Task Force has come together well and been more efficient recently and that the proposal might not be as valuable now as it would have been before. He suggested tabling the proposal to allow the Action Teams and Task Force to operate normally, then reconsidering at a subsequent meeting. Mr. Kunath emphasized the importance of such a forum being topic-driven with clear objectives. Ms. Lofton offered assistance to refocus the idea in the meantime to make it more feasible and affordable. There was mixed support for the proposal, and time constraints precluded a complete discussion. The proposal will be reconsidered at the June 5 meeting and the agenda-setting meeting two weeks prior. Interested parties are invited to contact Ms. Burazin to help with the idea, and some consultation from the technical assistance team may be directed toward that effort.

### **Presentation on Impact of Affordable Care Act in Milwaukee**

Due to time constraints, this presentation was postponed.

### **Open public comment**

Ms. Neubauer suggested that the County should seek employment opportunities for Housing Division clients with Gorman & Company – e.g., hotel staff at the Brewhouse Inn & Suites – since many clients live in Gorman properties. Mr. Mathy noted that the company uses many subcontractors who might also be potential employers for County clients.

Mr. Hoeffel shared a success story of having connected an individual in crisis to appropriate services without police involvement. Mr. Hoeffel spoke with Mr. Kubicek and Mr. Carlson, and BHD Crisis Services reached out and were able to connect the individual with services at Aurora.

Mr. Blasberg suggested that time be set aside in the morning before Task Force meetings for interested participants to confer with the contracted consultants.

### **Meeting closure**

The next meeting of the Redesign Task Force will take place on Wednesday, June 5, 2013, in the Day Hospital Cafeteria at the Milwaukee County Mental Health Complex. Interested parties may also access information and updates on redesign initiatives on the Milwaukee County website at <http://county.milwaukee.gov/mhredesign.htm>.